Insurance Premium Deduction Statement

Policyholder Name:
John Doe

Policy Number:
1234567890

Statement Period:
01-Jan-2024 to 31-Dec-2024

Date of Issue:
15-Jun-2024

Month	Premium Amount	Payment Date	Mode of Payment	Status
January 2024	â,¹2,000	01-Jan-2024	Salary Deduction	Paid
February 2024	â,¹2,000	01-Feb-2024	Salary Deduction	Paid
March 2024	â,¹2,000	01-Mar-2024	Salary Deduction	Paid
April 2024	â,¹2,000	01-Apr-2024	Salary Deduction	Paid
May 2024	â,¹2,000	01-May-2024	Salary Deduction	Paid
June 2024	â,¹2,000	01-Jun-2024	Salary Deduction	Paid
Total Premium Paid				**â,¹12,000**

Insurer:
ABC Life Insurance Co. Ltd.

Address:
123 Main Street, City, State, ZIP

Contact:
1800-555-000 | support@abclife.co.in

Important Notes:

- This statement serves as proof of insurance premium paid via salary deduction for the specified period.
- Retain this document for income tax submission or future reference.
- If any discrepancy is found, contact the insurer or your HR department immediately.
- Only premiums paid within the statement period are included.
- Premium deductions are subject to company payroll policies.